IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Edward M. Goldberg et al.	Attorney Docket No.: KLA1P007
Application No.: 09/449,022	Examiner: LaRose, Colin M.
Filed: November 24, 1999	Group: 2623

Title: METHOD AND APPARATUS FOR
INSPECTING RETICLES IMPLEMENTING
PARALLEL PROCESSING

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Colin M. LaRose at facsimile telephone number (703) 872-9306 on November 1, 2004.

Printed Name: Natalie Morgan   Signed: _____

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	47	MINUS	47	00	x 9 =	x 18 = 00
Independent Claims	06	MINUS	06	00	x 44 =	x 88 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid					$150.00	$300.00
				Total	$	$0

☒ Applicant(s) hereby petition for a one month extension(s) of time to respond to the aforementioned Office Action.

☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

☐ Enclosed is our Check No. _____ in the amount of $_____ to cover the additional claim fee and/or extension of time fees.

☒ Please charge the required fees or $110.00 and any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. KLA1P007).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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P.O. Box 778
Berkeley, CA 94704-0778

01 FC:1251   110.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective November 10, 1998

Application or Docket Number: 09/449,022

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY TYPE ☐ RATE	FEE		OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				380.00	OR		760.00
TOTAL CLAIMS	47 minus 20=	* 27	X$ 9=		OR	X$18=	486
INDEPENDENT CLAIMS	6 minus 3 =	* 3	X39=		OR	X78=	234
MULTIPLE DEPENDENT CLAIM PRESENT			+130=		OR	+260=	
			TOTAL		OR	TOTAL	148

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	* 47	Minus ** 47	= —	X$ 9=		OR	X$18=	
Independent	* 6	Minus *** 6	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	* 47	Minus ** 47	= —	X$ 9=		OR	X$18=	
Independent	* 6	Minus *** 6	= —	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	*	Minus **	=	X$ 9=		OR	X$18=	
Independent	*	Minus ***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

11/1/04

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.